PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										ing Date 16/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N	JMBER FI	.ED NUI	MBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		]	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A		]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A	l	N/A		1	N/A	
	FAL CLAIMS CFR 1.16(i))		mir	us 20 = *		l	x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			ı	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings exce sheets of paper, the application size f is \$250 (\$125 for small entity) for eac additional 50 sheets or fraction therec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	04/20/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 18	Minus	<del></del> 20	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	<b></b> 3	= 0	ı	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**		П	x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))	*	Minus	***			x \$ =		OR	x \$ =	
필	Application Size Fee (37 CFR 1.16(s))					ı			l		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Pervolusy Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is les											

has collection of information is origined by 37 CFR 1,10. The information is required to obtain or retain a bound by the public which is in to file used by the USFTO to process) an application. Confidentiality is operand by 38 US 6.C 122 and 37 CFR 1.4. If this collection is estimated to the bet 2 trainities to complete in excluding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borton, should be sent to the Child refinemation Office. U.S. Plants and Triderank Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.